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Obstructive uropathy from *Ascaris lumbricoides*

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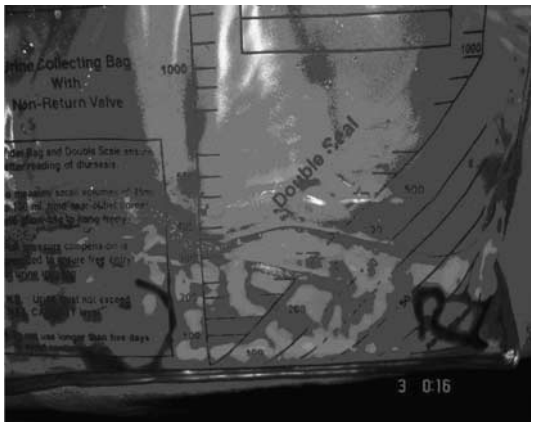

Figure 1 | Male and female worms in the urobag.

Figure 2 | Worm in the transfer set.

A 55-year-old male presented with altered sensorium and decreased urine output for 6 days. Clinical examination at the time of admission revealed pallor, blood pressure 110/74 mm Hg, facial puffiness, and lower limb edema. Investigations at admission showed hemoglobin 7 g/100 ml (otherwise normal hemogram), serum creatinine 4.4 mg/100 ml, serum urea 314 mg/100 ml, serum Na+ 114 mmol/l, and K+ 6.26 mmol/l. Urinalysis showed albumin 2+, no red blood cells and white blood cells 5–6 per hpf. Liver function tests were normal. Abdominal ultrasound, revealed bilateral thickened and echogenic spermatic cord, epididymitis, mild splenomegaly, and normal sized kidneys. As he became anuric, an indwelling urinary catheter was inserted with a transfer set connected to a urinary bag with a closed system. Two roundworms: one male and one female were seen passing through the urinary catheter into the urine collection bag (Figures 1 and 2). Following this, urine output improved and edema sudsided. He was treated with albendazole, cefotaxime, and furosemide. At discharge, laboratory tests showed, hemoglobin 7.0 g/100 ml, blood urea 17 mg/100 ml, and serum creatinine 1.0 mg/100 ml.

Extraintestinal manifestations of ascariasis due to migration of adult worms include acute respiratory distress due to migration of larvae to the lung, biliary obstruction, acalculous cholycystitis, ascending cholangitis, and bile duct perforation with peritonitis due to migration of adult worms into the hepatobiliary tract. Adult *Ascaris* worms very rarely affect the kidney and urinary tract.